

in Europe and in America either for hygienic reasons or as a medical cure for masturbation and for mental disorders such as hysteria. Since both male and female circumcision were practised by qualified doctors for allegedly legitimate medical indications in the Western countries, they were not considered to be the same brutal and intervening mutilations of the human body as they were seen to be elsewhere in more primitive societies. This shows that the medicalised nature of Western culture itself can give legitimisation to even violent and unnecessary physical interventions of the human body in the name of science, progress, normality and health.

In this context particularly worthy of note is the comparison between the United States and Europe in the case of male circumcision. The study shows how in the United States, due to the widespread diffusion of the "scientific myth", the medical data with counter-results was deliberately ignored or misinterpreted. For instance, the latest reports from European medical research on the issue were neglected in order to maintain the practice even when it was already rapidly disappearing in Europe. An additional explanation for the maintenance of the practice in modern, market-oriented American society is found in the commercial exploitation of children through circumcision. Physicians, in cooperation with transnational biotechnology corporations, look for the sales of marketable products made from harvested human foreskins, that can be used in the pharmaceutical industry.

In this book the legal and ethical aspects of the practice of circumcision as well as its physical, mental and social consequences are, for the most part, discussed from medical and empirical points of view rather than set within a wider framework of philosophical ethics. Nevertheless, the book takes a clear ethical stand against the practice and the articles show plausibly how little factual basis the religious and cultural justifications of the practice have, even in cases based on medical rationalisation. All in all, the book is useful not only for medical professionals but also for philosophers and ethicists.

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Introduction to Medical Law

Peter Marquand, Oxford,
Butterworth Heinemann, 2000, 125
pages, £15.99 (pb).

Peter Marquand is a medically qualified solicitor who understands the informational needs of medical professionals. Thus, it is not surprising that the topics covered in this book are those most likely to be of practical use and concern to medical and ancillary professions. This publication is clearly a guide, and not an exhaustive text, on current legislation and case law relating to medicine. As a guide, it admirably achieves its objective of providing an overview of contemporary issues of relevance in the medical field.

Marquand's research summarises the fundamental principles of, and legal responses to, the standard topics covered in medical law texts such as clinical negligence, consent, capacity, withholding or discontinuing treatment, confidentiality and abortion. Additional subjects not ordinarily covered in such texts include: the coroner's inquest, drugs and prescribing and postmortem examinations. The preventive potential of this book and its practical value, are evident in the chapters which address risk management, defending a negligence claim, and expert testimony in civil cases.

Marquand has successfully achieved a goal which may appear deceptively simple, but is in fact formidable, and will be widely appreciated. Educators who have developed training for non-lawyers will understand the difficulty in disseminating current, succinct, and relevant legal information in an accessible format. Accordingly, this book is essential reading for the undergraduate and the continuing professional education of doctors, nurses, psychologists, health care workers, and allied professionals. Also, it will be of particular value to those professional bodies which are developing their own professional guidelines, often in the absence of legal training. It lacks, however, sufficient detail to be a definitive manual for medical professionals, as is acknowledged in the foreword, which warns that the guide is not a substitute for legal advice.

One concern, which may be addressed by that warning, is that the book does not consistently address some procedures which are frequently undertaken and which warrant more

detailed discussion and citation than that provided. For example, abortion is discussed in four pages and supported with seven references, despite the substantial research and discussion which abortion has generated in this jurisdiction and elsewhere by ethicists, lawyers, doctors, feminists and those of other professions. More extensive citation to related research and additional academic texts which comprehensively discuss the subject matter of the briefer chapters would extend the relevance of this publication to, for example, postgraduate students.

However, this guide should be praised for what it is. It explores the parameters of medical law with the appropriate amount of detail for those who seek a broad understanding of the legal principles which govern the interface between the legal and medical systems. The book does not aim to generate provocative critical legal debate nor does it explicitly include an ethical component. Rather, it provides a firm grounding in how the law has been constructed, and how it responds to issues of fundamental ethical significance such as discontinuing treatment and treating the person who lacks capacity. Thus, it provides a solid framework for understanding the state of medical law in England and Wales in 2000, thereby contributing to the accuracy of those debates. What Marquand promised, Marquand delivered in a concise, entirely comprehensible, and affordable volume.

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Biomedical Ethics Reviews, Is There a Duty to Die?

Edited by James M Humber and
Robert F Almeder, Totawa, New Jersey,
Humana Press, 2000, 221 pages,
US\$49.50.

At the heart of this book is the idea that we would all be better off were we able to recognise the harder, slower, more expensive and more unjust dying which the continued development of modern medicine offers. The proposal is perhaps not so much a duty to die as a duty to refrain from unfair or excessive use of health care resources and to